and therapies, work ongoing at the NIH, in pharmaceutical houses and within the ACTG? I don't expect any satisfactory conclusions to come of pondering disease in general and my own specific mortality. But regarding medicine, quality of health care, and benefits I rely upon to survive, there is a great deal to know and with work and dedication, it can be known. Rather than wait, I have chosen to act.

My friends, my heroes, my wishes, desires and dreams, the entire focus of my life has changed dramatically as if a big bomb hit

Last year at about this time I was playing solitaire. Our house was a nice little brownstone in a war-torn section of South Williamsburg, Brooklyn. Windows gated, doors double barred, I sat inside a self-imposed prison dealing over and over the hand of my fate. Wins were unlucky as losses. I waited for a cosmic green or red light to say go, or stop. Often a digital clock read 2:22 or 3:33 or 12:12. When after almost three months of diligent play no pentagram or stigmata appeared, no trump brayed or black clad shepherd knocked thrice, I put aside my fifty-two worn and greasy Alitalia promotionals and took stock which, of course, was a waste of time.

T4-cells are vague and hypothetical where life is real. We are talking quality of life here, not surrogate markers. Even as every signpost and waystation melts or turns inside out, there is still HIV and AIDS. Where one day not long ago I answered, "PWAC Hotline, may I help you?" I am magnitudes from that petty little rut of solitaire and clock watching now. I have many jobs, many questions desperately needing answers, and I simply haven't time or energy for contemplation of huge unanswerables like fate, mortality, and metaphysics. Never have I been so convinced that my work was really worthwhile. In fact, imperatives like sex and sleep matter not at all compared to AIDS. With all that this bastard has taken from me, the least I can do is work each day to defeat it. I am convinced that work all of us can do will ultimately have an impact upon controlling or curing AIDS. For the meanwhile, this work is my life and I am damned proud of each step I make.

BEFORE THE PARADE PASSES BY

by Craig Washington

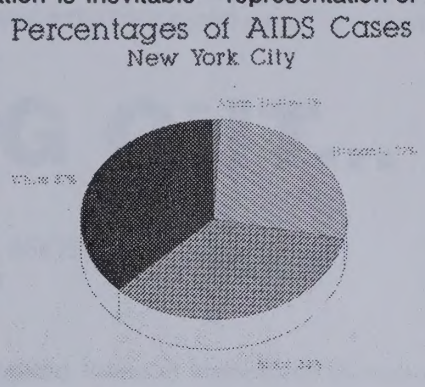
Summer 1991 is drawing upon us and with it comes a splendid array of holidays festivals and parades that affirm the value of cultural pride. The schedule of outdoor events in New York usually reads like a Who's Who among the African Diaspora. The African Street Festival, Harlem Week, Puerto Rican Day and the Caribbean Day Parade. There is something wonderfully appropriate about it all. One cannot ignore the sheer visual poetry of all those beautiful sun children of all ages playing on the asphalt grounds of Flatbush, Fort Green, Harlem and the Bronx. It is their rice and beans, plantanos, sorrel, salsa and congas that bathe the air with a pastiche of scents and sounds you just cannot achieve in, say, Wisconsin. But these occasions are worth much more than their aesthetic value, they each commemorate a shared legacy, a history that will not be forgotten, a premise of rebirth and restoration. Gay Pride Day is a multi-racial, multi-ethnic, multi-denominational celebration borne out of the same spirit. No single outdoor event unites such a mixed bag of nuts as this most festive of festivities. Now if the demographics of this summer roster elicits a double-take it may be because there are more parallels than immediately meets the eye. There is a sociopolitical context to any mass gathering of oppressed people, any endangered species. In a city that holds one eighth of the nation's HIV-infected persons, those above-mentioned celebrants, the blacks and Hispanics, gays and straights are the ones that most clearly face the encroaching threat of infection, sickness and/or death. Compounding the alarming statistical data that confirms AIDS as the number one killer of young black and latino adults in New York is the antagonism that divides the ranks of activists, PWAs, HIV people, health care professionals, and concerned others.

This conflict is undoubtedly reflective of the very real divisions of race, sex, culture and class which predate AIDS. The good old institutions of racism, homophobia and misogyny have always been successfully divisive agents. AIDS is a relative newcomer to the long list of crises suffered by the disenfranchised. As Harlon Dalton points out in his enlightening, "AIDS in Blackface," (*Dedalus*, Summer 1989) many blacks don't trust the intervention and outreach efforts of the society at large. Given our history of unequal status, many of us do not trust the intentions of white professionals informing us as to how to behave. Many of us believe in various genocidal theories regarding the origin of AIDS. Given the systematic decimation of the Native American and, more recently, the scape-goating of Haitians as primary carriers of the virus, such theories may not seem far-fetched.

Those of us who are gay, lesbian, or straight women experience different configurations of oppression. Since the nature of oppression varies from group to

group, the concept of commonality becomes questionable. The discrimination faced by a middle-class white gay who is denied health insurance because of his seropositivity is quite different from the discrimination heaped upon a pregnant seropositive latina who cannot afford basic medical care and who may be perceived by her neighbors as a whore, or that suffered by a black gay in rural Mississippi who after a bout with PCP is ostracized from his community which is uninformed about transmission modes or anything else HIV-related.

While a certain amount of debate over issues of treatment, testing, outreach and education is inevitable and can even be productive, the current level of feuding among AIDS workers impedes the formation of coalitions necessary to confront the full scope of the crisis. The current debate topic is of course the recruitment of pregnant black and latina women in the ACTG 076 trial which will examine the efficacy of AZT in preventing intrauterine transmission of HIV from these women to their babies.



Historically, the majority of women of color have relied on public health programs that provide substandard health care, and the advent of AIDS has only underscored this tradition of exclusion and negligence.

From 1985 through 1989, in response to the rapid spread of the epidemic, the New York Department of Health and the Centers for Disease Control established a policy of testing women — the majority of whom were black and latina — and advising those who tested positive to postpone pregnancy, or, if they were already pregnant, to seek an abortion. Many of these women receive what Telia Virgin, PWAC's Director of Minority Affairs, calls "backdoor diagnoses," in which a woman is informed of her seropositivity through the test results of her newborn. However, there is no counseling or additional treatment forthcoming from the state. These women are left uninformed knowing only that they were infected and without any substantial resources for treatment. No wonder many AIDS activists are alarmed. They believe, and with good reason, that the authors of the 076 trial are not interested in the welfare of these women, that their only concern is with women as vectors, or transmitters of disease, as women must once again be prevented from endangering the more valuable lives of men and children. When the predominantly white activist group ACT UP joined the fray, several black activists accused them of paternalism. Should these "gays, whites and lesbians," as Harlem Hospital's Dr. Janet Mitchell defined ACT UP, speak for the needs and issues of black and latina women?

After Telia Virgin's microconference on the 076 trial, several activists spoke of the need for black and latina women to speak for themselves, and expressed anxiety about "white" advocacy of black concerns. This scrutiny is reminiscent of past interracial coalitions, such as the women's rights movement in which several white feminists attempted to not only represent black women but to relegate black feminists to a peripheral role. At a recent GMAD (Gay Men of African Descent) meeting, Debra Fraser-Howze recalled how black activist initiatives have been perceived by white AIDS workers as being divisive, "anti-white" and "militant" simply because "we chose to do something for ourselves." Black and latina women should be at the forefront of any representation of their rights and health issues and these activists have valid concerns about those white who would attempt to dominate AIDS coalitions. However, not all white activists involved in interracial alliance act out of paternalism, and as we refute the condescension and patronization of those who would tell us what's best for us, we must welcome the assistance of those who share our goals and work with us in a respectful, positive manner.

There is a disturbing note of homophobia implicit in Mitchell's comments. An underlying resentment of gay white activism shared by many black activists is expressed in her pointed reference. Even though GMHC was among the first legion to take up the crusade, and with the influence of Craig Harris and Gary Paul Wright has fashioned more culturally specific efforts to reach black and Hispanic communities, it is somewhat unfairly perceived as a "white man's organization" unconcerned with meeting the needs of people of color. This is simply untrue. While GMHC has been slow in updating its education and outreach services to meet the current demographics, it has not been resistant to change and has collaborated with many black and/or latino-identified organizations. In discussing the lack of a black direct-action group comparable to ACT UP, several people have claimed that most ACT UP members are middle-class young men whose financial status allows them the time to protest during working hours, whereas most blacks cannot afford to take off work or are too put-upon to engage in street activism. This is not only a cop-out, but when placed in a historical context it is in fact absurd. The March on Washington, the Montgomery bus boycott and countless other grass-roots projects are manned by poor and/or working class people who were galvanized by commitment to an identified objective. In 1991, blacks and latinos should already be mad enough to "ack-a-fool" in these city streets, mad enough to transcend differences of sex, culture, and sexual orientation, mad enough to demand all the services they deserve. We're the ones who are getting sick quicker and dying faster than the rest of the population.

When speaking about the victories of GMHC and their supporters, the allocation of treatment data, and FDA approval of AZT, David Barr of GMHC referred to such concerns as luxury issues. Luxury issues for whom? Although many of us struggle every day to keep above water, and those of us who are infected have many crucial needs that must be met, we have to acknowledge the need for medical information as a high priority issue for us, not a luxury issue that only middle class whites can afford. As Alice Spears of Kings County Hospital intimated, we have to begin to love ourselves and act as if we are important, as if we deserve the best health care, the most effective education, the most reliable medica information, and we must take the initiative to allocat them all *now*.

As we divert our massive collective energy b fighting amongst ourselves, the conspiracy o governmental bureaucracy, politician apathy, and bigotr continues to sap our resources and ignore our divide voices. Let this be the summer of the endangere species when we all (people of color, PWAs, white lesbian, gay, and all possible combinations thereof) com out of our cages and make some noise. Come June 30 we need set it off before the parade truly passes by.

COMING OUT...

Brian J. Coyle

Office of City Council
307 City Hall, Minneapolis, MN 55415
Brian J. Coyle, Council Member

Dear Friends and Colleagues:

For most people, Acquired Immune Deficiency Syndrome (AIDS) is something very far away, but for me it has been a daily reality for nearly a decade and I have decided to come out publicly as an HIV infected person in order to educate people and to improve my chances for survival.

I want you to be the first to know that tomorrow, Tuesday, April 23rd, the May edition of *Minnesota Monthly* magazine will carry a cover story disclosing my struggle to carry on despite having an impaired immune system. Channel 5's KSTP Investigative Team will simultaneously begin airing a series called "Public Man, Private Struggle" on their 10 PM News.

I have worked cooperatively with these two media venues during the last two months, and will be releasing excerpts from my private journals to Equal Time, in the hopes that information and concern might take the place of fear when peopl encounter HIV in someone they know and maybe even respect.

In doing this, I am taking a risk that people will write me off politically or actually fear working beside me. Bu being honest is now as important to me as being effective, which I have been during all these years of secretly livin with the virus. People should have no fear of contagion; if anything it is me who is threatened by exposure to othe people's diseases.

I found out in 1986 that I was infected with the HIV virus which causes AIDS. In retrospect, I guess suspected something was happening to my body as early as 1981 or 1982 when skin rashes occasionally appeared But we didn't even know what HIV was then or that it was already in our midst.

I have lived successfully, without a bout of illness from a major opportunistic disease and without even bein away from work for more than a few days for six years since diagnosis, and probably ten years since I was originall exposed to HIV.

That makes me a long-term survivor already since mortality figures reported to the federal Centers or Disease Control (CDC) show that fewer than 30% of adults with AIDS live longer than three years after it is diagnosed. CDC statistics say that I should probably have died long ago, but myself and thousands of others around the country are defying the medical doomsayers by living long and well.

Many like myself are leading normal and productive lives, some with relatively few bouts with serious sickness, due to medical treatments and life-style changes which have helped to make HIV more of a chronic manageable disease than an instant death sentence. Although the virus has now compromised the immune systems of more than a million Americans and has killed over 100,000 people, we are determined to do what we can to stay alive.